



THE CONNECTION

NEWSLETTER

LINKING HEALTH AGENCIES AND COMMUNITY ORGANIZATIONS THAT WORK WITH MINORITIES IN UTAH

February 2008 Issue # 20

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DELIVERING HEALTH PROMOTION MESSAGING TO STUDENTS AT ALTERNATIVE HIGH SCHOOLS IN UTAH COUNTY

Between February 2007 and January 2008, the Center for Multicultural Health at the Utah Department of Health, the Division of Health Promotion at Utah County Health Department (UCHD), and the Master of Public Health program at Brigham Young University joined forces to investigate possible improvements in the process of delivering health promotion messaging to students from minority and underserved populations especially at alternative high schools in Utah County.

Racial and ethnic minorities have disproportionately high representation at most alternative high schools in Utah County (see <http://nces.ed.gov/ccd/districtsearch/>). According to the National Alternative High School Youth Risk Behavior Survey in 1998, many students attending alternative high schools engage in behaviors that place them at risk for serious health problems. For example, the Survey results showed that 64.1% of alternative high school students reported current cigarette use, while 44.8% reported frequent cigarette use. In order to determine appropriate health information for underserved populations and mediums through which to deliver them, four focus groups made up of teenagers aged 15 - 19 were organized from an adolescent tobacco-cessation group called END (End Nicotine Dependence) and three alternative high schools in Utah County.

Focus group discussion topics included perception of health, internet Use, leisure activities, tobacco use, seat belt use, and flier design. Questions relating to internet use, leisure activities, and flier design sought to understand the means through which teenagers prefer to receive information. In addition, Injury Prevention and Control and the Health Promotion Division at UCHD sought information about alternative high school students' perceptions of seat belt use and tobacco use, respectively.

Results showed that those Utah County alternative high school students of multiracial and ethnic backgrounds in these focus group discussions showed in-depth knowledge of the health effects of behaviors and lifestyles – specifically, diet, exercise, smoking, and seat belt use. Many of their decisions appeared to be based on their own, family members', or friends' experiences, such as a Latino student whose friend died in a car accident without a seatbelt or a Pacific Islander student who buckles her seat belt when her younger siblings are in the car.

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Members of the Spanish-speaking focus group responded as much or more than members of the English-speaking focus group on topics of general health, music, fliers, smoking and seat belts. More focus groups and surveys of both similar and contrasting students should be conducted in Utah County and throughout Utah in order to more fully understand the uniqueness and similarities of their perspectives. These adolescents should also be looked to as an asset to future health messaging campaigns.

This project has been funded through a State Partnership Grant Program to Improve Minority Health, Federal Office of Minority Health at the U.S. Department of Health and Human Services.

Submitted by Grant Sunada, BYU/MPH Student

To access the full report www.health.utah.gov/cmh/LHD.htm (and click on reports)

A NEW AGE FOR THE UTAH OFFICE OF ETHNIC AFFAIRS

CMH salutes Jesse Soriano as the new Director of the Office of Ethnic Affairs (OEA). OEA is comprised of offices for each of these minority groups: African Americans, Hispanics/Latinos, Pacific Islanders and Asians Americans. Each sub-office has its own director and council. Mr. Soriano oversees all of them. In December, Mr. Soriano told the Deseret News that he wants to make the offices more approachable, "I want people to feel comfortable calling me up and just coming over and talking to me." Under Mr. Soriano's leadership, it is expected that OEA will bolster its outreach to communities and work closely with state agencies, including the Utah Department of Health (UDOH). At the Martin Luther King Drum Major Awards luncheon in January, Palmer DePaulis, Executive Director of the Department of Community and Culture, described the new direction of the OEA as "a new age."

OEA and CMH are already working on two collaborative projects, one which will increase minority representation on the Multicultural Health Network (MHN), and one that to develop a workforce diversity plan for UDOH.

A member of the Executive Committee of the Ethnic Health Advisory Committee (EHAC), Jesse brings years of experience working to eliminate health disparities and promoting cultural competence. Mr. Soriano served as the interim director of OEA prior to his current position. He worked for about one year as the Director of the Office of Hispanic/Latino Affairs. Before joining OEA, Mr. Soriano worked at the University of Utah as Director of the Health Sciences Ethnic Minority Affairs Office.

*Owen Quiñonez
CMH Coordinator*

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THE CENTER FOR MULTICULTURAL HEALTH (CMH) LAUNCHES ONLINE HEALTH DISPARITIES AWARENESS COURSE

Healthy People 2010, the nation's health objectives for the Year 2010, is focused on two overarching goals: (1) Increase Quality and Years of Healthy Life and (2) Eliminate Health Disparities. True or False

This is one of several questions that challenge Utah Department of Health staff in the new online course, Multicultural Health 101. Developed by CMH in partnership with the University of Utah and the UDOH Training and Education Center, this course provides an introduction to racial and ethnic health disparities and the role of cultural competence in eliminating them. All new UDOH employees are required to take the course within 1 year of their hire. The course is strongly recommended for other UDOH staff.

Where CMH staffs have previously conducted classroom-based cultural competence trainings, the online format of Multicultural Health 101 facilitates the consistent dissemination of basic information about health disparities. UDOH employees are able to take the course at their convenience. Although the course takes about an hour, individuals can break it into shorter sections. A quiz at the end tests existing knowledge and newly acquired information. Individuals must pass the quiz with a minimum score of 80 percent to receive credit for the course.

The online course was designed to be interactive and to engage participants in their own learning. Narrated by Ethnic Health Advisory Committee (EHAC) member Betty Sawyer, it includes video segments, scenario-based questions, and web links to additional information.

The course is supported by members of the UDOH Executive Management Team (EMT). Dr. David Sundwall, Executive Director of UDOH, opens and closes the course through video. Division directors are promoting it to their staff. CMH plans to create additional web-based trainings for the Department later this year.

At this time, Multicultural Health 101 is available only to UDOH staff who have an account with U-Train. For more information please contact Owen Quiñonez at oquinone@utah.gov or 801-538-9457.

*MaryCatherine Jones, MPH
Content Developer*



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Salt Lake County Aging Services is the division of county government responsible for providing programs and services to the more than 124,000 seniors living in Salt Lake County

SALT LAKE COUNTY AGING SERVICES: LEGACY CORPS PROGRAM

Over the next year, the individual programs that make up Aging Services will be featured here in *The Connection*. The purpose is to inform Salt Lake County's ethnic communities on how to access available resources and opportunities for older adults and their caregivers.

This month's program spotlight is on the Legacy Corps Program. The Legacy Corps Program will begin its 6th year of service in Salt Lake County on April 1, 2008. This program is designed to provide respite care to families caring for an older adult at home.

It has often been stated -- **"When One is Sick, Two Need Help."** Caregivers -- those who are caring for a spouse or other older relative - are often over-stressed, experience declining health and don't know where to go for help. Respite, or time away from these responsibilities, gives the family caregiver a break so they have an opportunity to take care of essential errands and personal needs without having to worry about their loved one while they are gone; in general, they have a chance to rest and recuperate.

With the Legacy Corps Program's new year beginning in April, some of the program's resources are available to ethnic communities to help with their caregiving needs. Along with these resources for caregivers, there is also a need for individuals in ethnic communities to participate in the program.

To join in the Legacy Corps Program, you must:

- Be 18 years of age or older
- Be able to commit to one year of service of 10-12 hours each week
- Be able to fulfill the full 450 hour commitment over the course of the year
- Pass background check

Provide proof of U.S. Citizenship or Naturalization

Members participating in the program receive the following benefits:

- A yearly stipend of \$2,200, or approximately \$85 twice a month
- Upon completion of the 450 hour commitment, members receive an education award of \$1,250 for use at any college or university
- Mileage reimbursement or bus pass
- Recognition for their volunteer service

New skills and knowledge about social services, aspects of aging and caregiving

Organizations and community agencies interested in partnering with the Legacy Corps Program should contact Dwight Rasmussen at 468-2775 or e-mail: drasmussen@slco.org

Information submitted by Ken Venables, SLCo Aging Services



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USE OF PAIN MEDICATION AMONG RACIAL/ETHNIC MINORITIES

Blacks and Hispanics who go to hospital emergency departments in pain are significantly less likely than whites to get pain-relieving opioid drugs, according to a new study funded by the U.S. Department of Health and Human Services (HHS).

The study, which analyzed treatments for more than 150,000 pain-related visits to U.S. hospitals between 1993 and 2005, found 23 percent of blacks and 24 percent of Hispanics received opioids compared with 31 percent of whites. Twenty-eight percent of Asians and other groups received opioids.

"This study provides a particularly compelling reminder that treatment disparities persist among racial and ethnic groups," said Carolyn M. Clancy, M.D., director of the HHS Agency for Healthcare Research and Quality (AHRQ). "We have a lot of work to do before high-quality health care is available to everyone."

The study, "Trends in Opioid Prescribing by Race/Ethnicity for Patients Seeking Care in U.S. Emergency Departments," will be published in the January 2 issue of *JAMA*. The research was funded by AHRQ and the National Institute on Drug Abuse, part of the National Institutes of Health.

"Minority health disparities are an urgent problem in this country," noted Nora Volkow, M.D., director of the NIDA, "and should be addressed through efforts to educate physicians, reduce stigma and promote cultural competence across all health care settings."

Opioids are narcotic pain medications used to treat patients with moderate to severe pain. The new study analyzed the use of several commonly prescribed opioids, including hydrocodone, meperidine, morphine, codeine and oxycodone.

Among patients in pain in emergency departments, the use of opioids increased from 23 percent in 1993 to 37 percent in 2005. That trend accelerated in 2001 when The Joint Commission, which accredits health care organizations, and the U.S. Department of Veterans Affairs initiated campaigns to improve the quality of pain control in hospitals. The new study is the first to measure opioid prescribing trends since those efforts.

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The study is based on data compiled by the National Hospital Ambulatory Medical Care Survey, which is administered by the U.S. Census Bureau. Study authors, led by University of California-San Francisco researcher Mark J. Pletcher, M.D., M.P.H., analyzed 374,891 emergency department visits over 13 years. Of those visits, 156,729, or 42 percent, were related to pain. Among the study findings:

- While the use of opioids increased overall between 1993 and 2005, the differences in use between racial and ethnic groups did not diminish. In 2005, the last year of the survey, 40 percent of whites in pain received opioids; 32 percent of all others received the drugs.
 - Differences in prescribing between whites and non-whites were greater among people with the worst pain. Among patients in severe pain, opioids were prescribed to 52 percent of whites, 42 percent of Hispanics and 39 percent of blacks.
 - Blacks were prescribed opioids at lower rates than other groups for almost every type of pain-related emergency department visit, including back pain (33 percent for blacks versus 48 percent for whites), headache (22 percent versus 35 percent) and abdominal pain (20 percent versus 32 percent).
 - Opioids were prescribed less often for blacks than whites for kidney stones (56 percent to 72 percent) and long bone fractures (45 percent to 52 percent).
 - Non-opioid pain relievers, such as acetaminophen (sold as Tylenol), were prescribed more for non-whites (36 percent) than whites (26 percent).
- Opioid prescribing rates were particularly low for black and Hispanic children; blacks in government-owned, non-federal hospitals; uninsured patients; and among all non-white patients in hospitals in the Northeast.

The study did not conclude why non-whites were less likely to receive opioids, but suggested racial and/or ethnic bias as a significant factor.

"Causes of disparities in medical care, however, are complex, and simple racial/ethnic bias is unlikely to fully explain the problem," the study noted. Race and ethnicity influence all aspects of the relationship between patients and clinicians, including how patients communicate pain to doctors, what kinds of treatment are requested and how medical staffs respond, the study said. Authors said that new strategies are needed to address pain management in emergency departments, perhaps including changes to pain treatment regimens or educating patients to specifically ask for pain relief.

For more information, please contact AHRQ Public Affairs: (301) 427-1855 or (301) 427-19



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GRANT OPPORTUNITIES

UDOH/CHIP Mini-Grant Targeting Hispanic/Latino Community

The Utah Department of Health (UDOH), Children's Health Insurance Program (CHIP) is looking for an agency who can reach the Hispanic/Latino community. Our goal is to increase enrollment in and knowledge of the Department's programs including CHIP, PCN and UPP among the Hispanic/Latino Community. This project is being conducted in the form of a bid process. The agency who can provide the best product will be awarded.

- Issuing Agency: Utah Department of Health, Children's Health Insurance Program (CHIP)
- Project Period: March 1 - May 31, 2008
- Amount: \$1,000 - \$5,000
- Number of Awards: 1
- Application **Due Date:** No later than **February 15**, 2008 by email to smangum@utah.gov
- Email Questions to smangum@utah.gov

UDOH/DIABETES Mini-Grant Program

The purpose of this grant process is to assist disparately affected populations in the improvement of diabetes self-management skills and health outcomes. A few changes have been made to the diabetes grant process, so we encourage reading through the entire document to become familiar with what is being requested.

One such change is that we are placing emphasis directly on populations with diabetes. Another change is a single project focus, meaning we want to keep initiatives simple yet effective. While a single project is the focus, we do encourage planning as many activities as necessary to reach your goal and objectives. As usual, funds may be applied to support new or existing projects.

The grant **application deadline is Friday, February 29**, 2008 by 5pm. Furthermore, the door is wide open for those who can apply for funding, including community-based organizations, local health departments, clinics, academic institutions, and agencies in general.

The UDOH/Diabetes Program staff are here to provide support and technical assistance, so please call if you want to run an idea by us or discuss any aspect of the diabetes mini-grant application. Nathan Peterson can be reached at nathanpeterson@utah.gov or 801-538-6248 and Janae Duncan can be reached at janaeduncan@utah.gov or 801-538-6896.

Native Language Preservation and Maintenance

WHAT: The Administration for Native Americans (ANA), within the Administration for Children and Families (ACF), announces the availability of Fiscal Year (FY) 2008 funds for new community-based activities under ANA's Native Language Preservation and Maintenance program area.

WHO: Faith-based and community organizations are eligible to apply.

WHEN: Applications are due by March 12, 2008

AWARD AMOUNT: 50 awards totaling \$3,500,000

CONTACT: The ANA Help Desk at ana@acf.hhs.gov

FULL ANNOUNCEMENT: www.acf.hhs.gov/grants/open/HHS-2008-ACF-ANA-NL-0016.html

For more grant opportunities visit the previous issues of *The Connection*
<http://www.health.utah.gov/cmh/news.html#newsletters>

TRAINING OPPORTUNITIES

Free Spanish Diabetes Training

Free Spanish Diabetes Training on Thursday, March 13 from 9-4pm in Salt Lake City. There is no charge for this training and it will cover diabetes management core concepts in Spanish (training description and registration form are attached as well). For those desiring to increase Spanish skills in diabetes care and education, English interpretation will be available to better connect Spanish terms and foster an appropriate learning environment for application in the work setting. Organized by UDOH/Diabetes Program. Please contact Nathan Peterson at nathanpeterson@utah.gov for more information or to discuss attendance options.

Granite Peaks Adult ESL Classes (all of the following classes are free to refugees)

1. Daytime ESL. Granite Education Center .2500 S. State Street, 2nd floor.646-4363 Levels 1-6, including a Literacy-specific class for adults not literate in their primary language Classes Mon-Fri, 8:30-11:30 a.m. and/or Mon-Thurs 12:10-3:10 p.m.
2. Evening ESL at GPLC. Granite Peaks Learning Center. 501 E. 3900 S.646-5447 Levels 1-6, including a Literacy-specific class for adults not literate in their primary language Classes Tues, Wed, Thurs 5:30-8:30 p.m.
3. Evening ESL at Granger. Granger High School.3690 S. 3600 W. 646-5325 .Levels 1-6 Classes Mon, Tues, Wed 6-9 pm
4. Evening ESL at Kearns. Kearns High School. 5525 S. 4800 W.646-5385. Levels 1-6. Classes Tues, Wed, Thurs 6-9 pm
5. Workplace ESL. Granite Peaks facilitates ESL classes at the following worksites for students levels 1-6 and literacy-specific classes for adults not literate in their primary language Employees receive classes during their work shift 3-4 times per week
6. Refugee Outreach Classes at Southpark Apartment Complex. 500 E. 2250 S. Classes are taught Tues, Wed, Thurs. Contact jennifer.christenson@granite.k12.ut.us for more information.

Communication and Conflict Management

UPHA PROFESSIONAL DEVELOPMENT COMMITTEE

Presents a training opportunity

When: Wednesday, March 5, 2008

10 am to 1:30 pm (Lunch will be served)

What: Communication and Conflict Management

Michelle Hawes (10 – 12)

Stress Management

Brett McCliff (12:30 to 1:30)

Where: Utah State Library for the Blind & Disabled

Suite A (rooms 218 & 219)

250 North 1950 West

Salt Lake City

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CONFERENCES

2008 HEAU Spring Conference - "Capacity Building for Healthier Communities."

When: March 7, 2008 in SLC

Early bird registration is due by February 15th and the last day to register is Feb 29th.

For more information visit <http://www.heau.org/events.php>

Spanish Conference on Domestic Violence

On March 8, 2008, International Women's Day, South Valley Sanctuary will be hosting the first all Spanish conference on Domestic Violence and Economic Empowerment for Survivors entitled "Primer Congreso: Día Internacional de la Mujer" at the Salt Lake City Downtown Public Library from 9AM-4PM. This event will be free and open to the public and lunch will be provided. The

conference will offer an empowering keynote address by Gabriela Cetrola, LCSW, and workshops will focus on Domestic Violence, Sexual Assault and Community Services for Survivors, Child Abuse/Impact of Domestic Violence on Children, Legal Rights for Survivors (how to make a police report, file a protective order, file for residency or citizenship under U-Visa or VAWA), Teen Dating Violence, Financial Planning/Starting Your Own Business/Micro-lending Opportunities, the Utah Women of Color Caucus (for domestic violence and sexual assault service providers), and a panel on/of Latina Women in Leadership. This event will target parents and teens. For more information and to download a conference flyer, please visit www.southvalleysanctuary.com or call 801.255.1095.

Pacific Islander Academic Conference

We are pleased to announce the 2008 Pacific Islander Academic Conference February 8th & 9th, hosted by the University of Utah's American West Center. This is an interdisciplinary conference bringing together over 70 scholars from around the Pacific and the U.S. to investigate the relationship between Pacific Worlds and the American West. As the home to one of the largest and oldest Pacific Island communities in the U.S., Salt Lake City provides an ideal location for this gathering. Please join them in considering the role of indigeneity, religion, the environment, imperialism, racial and gender construction, colonialism, and hybridity in shaping the intersecting histories of these two regions and the people that call them home. Instructors interested in Pacific pedagogies and in adding Pacific content to their courses are particularly welcome.

"Mother, Newborn and Child Health Conference"

Friday, April 4, 2008

BYU Conference Center, Provo

The purpose of this conference is to provide an outstanding opportunity to understand successful evidence-based interventions for improving global health. This year the conference will specifically focus on family-based solutions to health challenges, while featuring key officials from The Pan American Health Organization/World Health Organization.

Early bird registration is still available through the end of this month for everybody.

More information: www.ce.byu.edu/cw/mnch

WE WOULD LIKE TO HEAR FROM YOU

Please submit: feedback, suggestions, ideas, news, events or articles to: ddiez@utah.gov



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The Connection

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ABOUT THE CMH

The Center for Multicultural Health (CMH) is the Utah office of minority health. It is part of the Utah Department of Health, Division of Community and Family Health Services.

Our mission is to promote accessible and high-quality programs and policies that help all racial and ethnic minorities in Utah achieve optimal health. We accomplish our mission by increasing public and health professional awareness of persistent race/ethnic disparities and by developing effective health policies and culturally competent programs that lead to better access and utilization of quality health care services in Utah.

www.health.utah.gov/cmh

CHINESE NEW YEAR

Chinese New Year or **Spring Festival** in 2008 was yesterday, February 7. This is the most important of the traditional Chinese holidays. It is sometimes called the Lunar New Year, especially by people outside China. It is an important holiday in East Asia. The festival traditionally begins on the first day of the first lunar month in the Chinese calendar and ends on the 15th; this day is called Lantern Festival.

Chinese New Year's Eve is known as *Chúxī*. *Chu* literally means "change" and *xi* means "Eve". This holiday is celebrated in areas with large populations of ethnic Chinese. Chinese New Year is considered a major holiday for the Chinese and has had a strong influence on the new year celebrations of its geographic neighbors, as well as cultures with whom the Chinese have had extensive interaction. These include Koreans, Mongolians, Nepalese, Bhutanese, Vietnamese, and formerly the Japanese before 1873. In Singapore, Indonesia, Malaysia, the Philippines, Thailand, and other countries with significant Chinese populations, Chinese New Year is also celebrated, largely by overseas Chinese, but it is not part of the traditional culture of these countries.

Information submitted by Wu Xu, UDOH

Multicultural Brown Bag Series:

"The Science and Epidemiology of Racism and Health in the United States: an Ecosocial Perspective."

Broadcast Friday, **February 29**, 2008 at **12:00pm-1:30pm MST**. The broadcast will be shown in the Cannon Building (288 N, 1460 W) in room 132.

This broadcast is sponsored by the Office of Minority Health. The broadcast will feature Nancy Krieger, PhD, from the Harvard School of Public Health.

If you work in the Cannon building, click here for registration
www.health.utah.gov/training/detail/udoh.php?Eventnumber=661

If you want to register your agency for this broadcast, click here
www.minority.unc.edu/sph/minconf/2008/webcast/

"Congratulations to April"

CMH Multicultural Health Specialist April Bennett proudly welcomed her second child, Enoch Bennett on November 26, 2007. April has been on maternity leave during the holiday months.

We are happy to have her back in the office!

For more events visit our calendar
<http://my.calendars.net/multicultural>

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